

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

25942

1. PLACE OF DEATH

County Clark
Township Waverly
City Waverly (No. 1)

Registration District No. 194
Primary Registration District No. 417

File No. 25942
Registered No. 11
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Waverly, Mo. Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-16-1848
7. AGE YEARS 85 MONTHS 0 DAYS 16 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-keeper
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland & Mo

13. NAME Don't know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME Elyse Reine

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) ms mabel Smith
Waverly, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Waverly Church DATE Aug-25-33

19. UNDERTAKER (ADDRESS) Waverly, Mo

20. FILED 8-25-1933 Waverly, Mo
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 22, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 3-, 1933, to Aug 22-, 1933
I last saw him alive on Aug 22, 1933. Death is said to have occurred on the date stated above, at 1:30 P. m.
The principal cause of death and related causes of importance were as follows:

Alco. Colitis - Date of onset Aug 1933

Other contributory causes of importance:
Myocarditis - & rheumatic infection -

Name of operation _____ Date of _____
What test confirmed diagnosis Physic Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____
(Signed) Don Pierce, M. D.
(Address) Waverly, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 26 1933

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

